

<b>FACILITY</b>		<b>PR#:</b>
<b>PROJECT</b>		
<b>ADDRESS</b>		

**CRITICAL CARE UNITS**  
**OAR 333-535-0041**  
Effective October 1, 2009

\_\_\_\_ Schematic Design (SD) Review      \_\_\_\_ Construction Document (CD) Review

OAR RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
<b>(1) Critical Care Units:</b>			
Generally, Critical Care Units require special space and equipment considerations for effective staff functions. In addition, space must be arranged to include provisions for immediate access for emergency medical equipment from other departments. Critical Care Units shall comply in size, number and type with the requirements of this rule and with the hospital's Functional Program. This rule is intended for the more common types of critical care services. Where specialized services are required, the Division may allow such additions and modifications as are necessary for efficient, safe and effective patient care. (See also OAR 333-535-0300 for mechanical requirements and OAR 333-535-0310 for electrical requirements.			
<b>(2) Adult Critical Care Units:</b> Each Adult Critical Care Unit shall comply with the following requirements:			
(a) The location shall be convenient for access from emergency, respiratory, laboratory, radiology, surgery, and other essential departments and services, and be located so that medical emergency resuscitation teams may respond promptly to emergency calls;			
(b) The location shall be arranged to eliminate the need for through traffic;			
(c) For new construction, a private room shall be provided for each patient. A minimum of 200 square feet of clear floor area shall be provided exclusive of anterooms, vestibules, toilet rooms, closets, lockers, wardrobes, and alcoves. A combined total of at least 7 feet of clear space shall be available at the head and foot of the bed. Minimum head wall width shall be 13 feet;			
(d) Renovation projects shall comply with subsection (2)(c) of this rule except when existing structural conditions make full compliance impractical. In such cases, the Division may allow the following deviations: Private patient room size may be reduced to 160 square feet with a minimum headwall width of 11 feet 6 inches. The combined total of clear space available at the head and foot of the bed may be reduced to a minimum of 6 feet. Multiple bed rooms may be provided with cubicle curtains for patient privacy. The minimum patient cubicle size shall be 130 square feet with a minimum headwall width of 11 feet for each bed. 3 of the 7 feet of combined total clear space required at the head and foot of the bed may be outside the curtained cubicle area.			

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	YES	NO	
(e) In private rooms or curtained cubicles, visual access to the corridor shall be provided. In multiple bed rooms, cubicle curtains or other alternative methods approved by the Division shall be provided for visual privacy from casual observation by other patients and visitors;			
(f) Where only one door is provided to a bed space, it shall be at least 3 feet 8 inches in clear width and arranged to minimize interference with the movement of beds and large equipment. Sliding doors shall not have floor tracks and shall have hardware that minimizes jamming. When a secondary door is desired for staff use, it may be of a smaller width;			
(g) For the purpose of allowing day from night orientation, newly constructed patient rooms shall include at least one window meeting the requirements of OAR 333-535-0025(1)(c), arranged to allow direct visual access by the patient to the outside. Patient rooms and cubicles in renovation projects shall also meet this requirement except when the Division determines that existing structural conditions make it impractical to do so. In these instances, patients must have direct visual access to an outside window, but it may be a clerestory type and the distance from the patient bed to the outside window may be up to 50 feet;			
(h) A nurse call device shall be provided at each bed for patient use. A staff use emergency call station shall also be provided in each patient room to summon assistance. In multiple bed rooms, at least one such emergency call station shall be provided for each 8 patient beds;			
(i) Hand-washing stations shall be convenient to nurse's stations and patient bed areas. One hand-washing station shall be provided in each patient room. The hand-washing station shall be located near the entrance of the patient room, designed to minimize splashing water onto the floor, and shall be equipped with hands-free operable controls. In multiple bed rooms allowed under paragraph (2)(d) of this rule, if the Division determines that existing structural conditions make it impractical to comply with this requirement, there shall be at least 1 hand-washing station provided for every 2 beds in multiple bed rooms. The hand-washing station shall be located near the entrances to patient cubicles;			
(j) A toilet shall be provided within each patient room or in a separate private toilet room entered directly from the patient room. Space shall be provided adjacent to toilets to allow for staff assistance. An exception to this requirement may be granted by the Division when the project is within a Department of Human Services designated Level 1 Trauma Center Hospital and patients typically are unable to utilize toilets. In renovation projects if the Division determines that existing structural conditions make it impractical to comply with this paragraph, a minimum of 1 enclosed toilet room and hand-washing station shall be provided for each 8 patient beds. In these instances, portable toilets are permitted in place of fixed toilets within each patient room or cubicle. If portable toilets are used, facilities for cleaning and storing them shall be conveniently located within or adjacent to the Critical Care Unit;			

OAR RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(k) The nurses' station or a substation with space for charting, monitoring and a hand-washing station within 20 feet not through a door, shall be located so that nurses will have direct visual observation of each patient. In larger Critical Care Units, more than 1 nurses' station may be needed to provide for observation of all patients;			
(l) Individual patient closets or lockers shall be provided for the secure storage of clothing and personal effects. This storage may be within patient rooms or in a central location convenient to the Critical Care Unit; and			
(m) Each Critical Care Unit shall provide space for equipment used for continuous physiological monitoring, including a bedside and remote visual display for each patient.			
<b>(3) Airborne Infection Isolation Room:</b>			
At least 1 Airborne Infection Isolation Room shall be provided for use by Critical Care Unit patients. The number and location of Airborne Infection Isolation Rooms shall be determined based upon an Infection Control Risk Assessment conducted in accordance with OAR 333-535-0035(1). Each Airborne Infection Isolation Room shall comply with the requirements of OAR 333-535-0035(2) with the following exceptions:			
(a) The requirement for the bathtub or shower may be eliminated;			
(b) Compact, modular toilet/sink combination units may replace the requirement for a toilet room if discussed and allowed through the ICRA; and			
(c) Toilets may be eliminated entirely from patient rooms of Department of Human Services designated Level 1 Trauma Center Hospitals when patients typically are unable to utilize a toilet.			
<b>(4) Service Areas:</b>			
1 service area may serve 2 or more adjacent Critical Care Units. The size and location of each service area will depend upon the number of beds to be served. The following service areas shall be located in, or readily available to, each Critical Care Unit:			
(a) Charting facilities. Documentation and information review spaces shall be provided within the unit to accommodate the recording of patient information. The documentation space shall be located within or adjacent to the patient bed space. It shall include a countertop that will provide for a large flow sheet typical of critical care units and a computer monitor and keyboard. There shall be one documentation space with seating for each patient bed. There shall be a specifically designated area within the unit for information review located to facilitate concentration;			
(b) Staff lounges and toilet(s). The following may be located outside the unit if conveniently accessible:			
(A) Staff lounge(s) and toilet(s) shall be located so that staff may be recalled quickly to the patient area in emergencies;			
(B) The lounge shall have telephone or intercom and emergency code alarm connections to the critical care unit it serves;			

OAR RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(C) Lounge facilities shall be sized in accordance with the Functional Program but shall not be less than 100 square feet.			
(D) Staff personal effects storage. Space located at or near the nurses' work area for the secure storage of the personal effects of nursing personnel. If not provided elsewhere, provisions for the storage of coats, etc., shall be made in this area.			
(c) Sleeping and personal care accommodations shall be provided for staff on 24-hour call work schedules;			
(d) Clean utility or clean storage room. This room shall be provided in accordance with OAR 333-535-0260(4), for the storage and distribution of all clean medical and surgical supplies kept in the Critical Care Unit;			
(A) This room shall be immediately available in each critical care suite.			
(B) More than one critical care unit shall be permitted to share a clean utility or clean storage room provided direct access is available from each.			
(C) Such rooms shall be separate from and have no direct connection with soiled utility or soiled holding rooms.			
(D) If the clean utility room is used to prepare patient care items, it shall contain a work counter, and hand-washing station, and storage facilities for clean and sterile supplies.			
(E) If the room is used only for storage holding as part of a system for distribution of clean and sterile materials, omission of the work counter and hand-washing station shall be permitted.			
(e) Clean linen storage. Location of the designated area within the clean utility room, a separate closet, or an approved distribution system on each floor shall be permitted. If a closed cart system is used, storage of clean linen carts in an alcove shall be permitted. The cart storage must be out of the path of normal traffic and under staff control;			
(f) Appropriate room(s) or alcove(s) shall be provided for storage of equipment necessary for patient care and as required by the Functional Program. Each unit shall provide sufficient storage area(s) located on the patient floor to keep its required corridor width free of all equipment and supplies, but not less than 10 square feet per patient bed shall be provided;			
(A) Equipment storage room or alcove. Appropriate rooms(s) or alcove(s) shall be provided for storage of large items of equipment necessary for patient care and as required by the Functional Program. Each Critical Care Unit shall provide sufficient storage area(s) in addition to (4)(f) of this rule, located on the patient floor to keep its required corridor width free of all equipment and supplies, but not less than 20 square feet per patient bed shall be provided. Additional space shall be provided for stretcher or bed storage if stored on the floor;			
(B) Emergency equipment storage. Space shall be provided for emergency equipment that is under direct control of the nursing staff, such as a cardiopulmonary resuscitation (CPR) cart. This space shall be located in an area appropriate to the Functional Program but out of normal traffic.			

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	YES	NO	
(g) Soiled utility room. Each patient Critical Care Unit shall include at least one soiled utility room that meets the requirements of OAR 333-535-0260(5);			
(h) Medication station. Medication stations shall be in accordance with the requirements of OAR 333-535-0025(2)(h). The medication station shall be designed to allow for secure, convenient, and prompt 24-hour distribution of medicine to patients;			
(i) Nourishment Station. A nourishment station with sink, work counter, refrigerator, storage cabinets, and equipment for hot and cold nourishments between scheduled meals shall be provided. The nourishment station shall include space for trays and dishes used for non-scheduled meal service. Provision and space shall be included for separate temporary storage of unused and soiled dietary trays not picked up at meal time. Nourishment stations shall not share storage, counters, sinks or refrigerator space with medical supplies or pharmaceuticals;			
(j) Ice machine. Equipment to provide ice for treatments and nourishment shall be provided. Ice-making equipment may be in the clean work room or at the nourishment station. Ice intended for human consumption shall be from self-dispensing icemakers;			
(k) Visitors' waiting room. A visitors' waiting room shall be provided that is designed to accommodate the long stays and stressful conditions common to such spaces, including provisions for privacy, means to facilitate communications, and access to toilets. The waiting room may be located outside the unit if conveniently accessible. The locations and size shall be appropriate for the number of patients and units served, with a seating capacity of not less than one family member per patient bed;			
(l) Multipurpose room(s). Multipurpose room(s) shall be provided for staff, patients, and patient's families for patient conferences, reports, education, training sessions, and consultation. These rooms shall be accessible to each nursing unit; and			
(m) Housekeeping room. A housekeeping room shall be provided within or immediately adjacent to the critical care unit. This room shall not be shared with other nursing units or departments. It shall contain a service sink or floor receptor and provisions for storage of supplies and housekeeping equipment.			
<b>(5) Pediatric Critical Care Unit:</b>			

OAR RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(a) If a facility has a distinct Pediatric Critical Care Unit, the Functional Program must include consideration for staffing, control, and the safe transportation of critically ill pediatric patients with life support and environmental systems from other areas of the facility. The Pediatric Critical Care Unit may be an open ward plan or may have private or semi-private patient rooms. Private rooms at the rate of at least 1 per 10 beds shall be provided. In addition, at least 1 private room for each Pediatric Critical Care Unit shall be provided for seclusion and airborne infection isolation. The room(s) provided for seclusion and airborne infection isolation shall comply with the requirements for Airborne Infection Isolation Rooms set forth in OAR 333-535-0035(2). (See also OAR 333-535-0300 for mechanical requirements and OAR 333-535-0310 for electrical requirements.)			
(b) In addition to complying with the requirements of sections (1), (2), (3) and (4) of this rule, each Pediatric Critical Care Unit shall also include the following features:			
(A) Space in the patient room for family and visitors. Sleeping space for parents who may be required to spend long hours with the patient. This sleeping space may be provided at the patients' bedside. If the sleeping area is separate from the patient area, a system for communication with Pediatric Critical Care Staff must be provided. Storage for associated bedding shall be provided;			
(B) If an examination and treatment room is required by the Functional Program, it shall be located in or directly accessible from the Pediatric Critical Care Unit. Examination and treatment rooms shall have a floor area of at least 80 square feet and shall include a hand-washing- station, storage facilities and a surface for charting;			
(C) Provisions shall be made for the storage of formula or breast milk. Formula/breast milk storage may be outside the unit but should be available for use at all times. The Functional Program should determine the location and size of formula/breast milk storage.			
(D) Consultation/demonstration room within, or convenient to, the Pediatric Critical Care Unit for private discussions; and			
(E) Separate storage cabinets or closets for toys and games.			
<b>(6) Newborn Intensive Care Units ("NICU"):</b> Each Newborn Intensive Care Unit shall include or comply with the following requirements:			
(a) The NICU shall have a clearly identified entrance and reception area with a counter for charting and enclosed storage for supplies. The area shall permit visual observation of, and contact with, all traffic entering the NICU. A hand-washing station shall be provided for visitors entering the NICU.			
(b) The NICU shall be designed as part of an overall safety program to protect the physical security of infants, parents, and staff and to minimize the risk of infant abduction. There shall be controlled physical access and controlled egress to and from the NICU.			

OAR RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(c) In a multiple-bed room, every bed position shall be within 20 feet of a hands-free hand-washing station. Where an individual room concept is used, a hands-free hand-washing station shall be provided within each infant care room. All hand-washing stations shall be large enough to contain splashing.			
(d) At least one door to each patient room in the NICU must be large enough in both width and height to accommodate portable X-ray and ultrasound equipment.			
(e) The NICU shall be located proximate to Labor and Delivery Departments when that service is also provided at the facility.			
(f) When viewing windows are provided, provisions shall be made to control casual viewing of infants. Each patient care space shall be designed to allow privacy for the infant and family;			
(g) Noise Control:			
(A) Infant bed areas and the spaces opening onto them shall be designed to produce minimal background noise and to contain and absorb much of the transient noise that arises within the NICU;			
(B) The combination of continuous background sound and transient sound in any patient care area shall not exceed an hourly Leq of 50dB and an hourly L10 of 55dB, both A-weighted slow response. The Lmax (transient sounds) shall not exceed 70dB. A-weighted slow response;			
(C) Ceilings shall have a noise reduction coefficient (NRC) of at least 0.90;			
(D) The ceiling construction shall limit passage of particles from above the ceiling plan into the clinical environment. If a t-bar acoustic tile ceiling system is used, the tiles shall be clipped down, weighted or gasketed to limit passage of particles and; and			
(E) Be easily cleanable and non-friable.			
(h) Lighting:			
(A) Provisions shall be made for indirect lighting and high-intensity lighting in the NICU;			
(B) Controls shall be provided to enable lighting to be adjusted over individual patient care spaces from one to 60 foot-candles at 3 feet above the floor level;			
(C) Darkening sufficient for trans-illumination shall be available when necessary;			
(D) No direct ambient lighting shall be permitted in the infant care space, and any direct ambient lighting used outside the infant care area shall be located or framed to avoid a direct line of sight from any infant to the fixture. This does not exclude the use of direct procedure lighting; and			
(E) Lighting fixtures shall be easy to clean.			

OAR RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(i) Space requirements: Each infant care space shall contain a minimum of 150 square feet per bassinet, excluding sinks and aisles. Each bassinet shall have a minimum clearance of 4 feet to walls or any permanent obstruction. When single infant rooms or fixed cubicle partitions are used, there shall be an adjacent aisle of not less than 8 feet in clear unobstructed width to permit passage of equipment and personnel. In multiple bed rooms, there shall be a minimum of 8 feet between infant care beds. Each infant care space shall be designed to allow privacy for the baby and family;			
(j) A medication station meeting subsection (4)(h) of this rule;			
(k) At least one Airborne Infection Isolation Room is required within the NICU. The room shall be enclosed and separated from other areas of the nursery with provisions for visual observation of the infant from adjacent nurseries or control area(s). All Airborne Infection Isolation Rooms shall comply with the requirements of OAR 333-535-0035(2), except that a separate toilet, bathtub, or shower are not required.			
(l) Rooms at the rate of at least 1 per 15 infant isolettes shall be provided within the NICU to allow parents and infants to spend extended private time together.			
(A) These room(s) shall have direct, private access to a hand-washing station and toilet facilities;			
(B) Communication linkage with the NICU staff;			
(C) Electrical and medical gas outlets as specified for other NICU beds;			
(D) Sleeping facilities for at least one parent; and;			
(E) Sufficient space for the infant's bed and equipment;			
(m) Lactation support space. Dedicated space shall be provided for lactation support and consultation in or immediately adjacent to the NICU. Provision shall be made, either within the room or conveniently located nearby, for a hand-washing station, counter, refrigerator and freezer, storage for pump and attachments, and educational materials.			
(n) Charting facilities shall have adequate linear surface space to ensure that staff and physicians may chart and have simultaneous access to information and communication systems.			
(o) A clean utility room or clean supply room shall be provided in accordance with the requirements of subsection (4)(d) of this rule.			
(p) A soiled utility room or soiled holding room shall be provided in accordance with the requirements of subsection (4)(e,g,) of this rule.			
(q) A lounge, locker room, and staff toilet shall be provided within or adjacent to the NICU for staff use in accordance with the requirements of subsection (4)(b) of this rule.			
(r) Space for storage of emergency equipment shall be provided in accordance with the requirements of paragraph (4)(f)(B) of this rule.			

OAR RULE SECTION	COMPLIED?		COMMENT
	YES	NO	
(s) A housekeeping closet directly accessible from the unit and dedicated for the exclusive use of the NICU shall be provided in accordance with the requirements of subsection (4)(m) of this rule.			
(t) A visitors' waiting room shall be provided in accordance with the requirements of subsection (4)(k) of this rule.			
(u) A nurses'/supervisors' office or station shall be provided in accordance with the requirements of subsection (2)(k) of this rule.			
(v) Multipurpose room(s) for staff, patients, and patients' families for patient conferences, reports, education, training sessions, and consultation. These rooms must be accessible to each NICU. They may be located on other floors if convenient for regular use. One such room may serve several nursing units and/or departments.			
(w) Equipment storage or alcove shall be provided in accordance with paragraph (4)(f) of this rule.			